Student Teaching Probationary Status Agreement (Form B)

Teacher Candidate __________________________  Program __________________________

School _________________________________  Grade Level __________________________

Clinical Supervisor ______________________  University Supervisor ________________

Probationary status results when difficulties for the candidate have persisted over an extended period of time, or with the occurrence of a major unacceptable event. Description is found in the Student Teaching Guidelines. The university supervisor will provide signed copies of the Probationary Status Notice for the student teacher, clinical supervisor, clinical associate, program coordinator and Director of Field Experiences within two working days of the meeting. Exceptions to these procedures must be approved by the chair of the Department of Teaching and Learning and the school principal.

To the student teacher: This form serves as formal notification of your probationary status in student teaching. Acceptable progress in the area(s) of identified need is essential for your continuation in student teaching.

Explanation of Specific Areas in Need of Improvement: Identify factors that have contributed to this probationary status notice. Along with the factor(s), provide documentation to support each entry. Attach additional documentation.

Explanation of Specific Action Plan and Remedial Steps:

Required Evidence for Showing Improvement:

Timetable for University Supervisor and Clinical Supervisor to Monitor Progress and Provide Feedback to Student Teacher:

Date(s) of next meeting(s) to discuss progress in areas of identified need:

Notes from the follow-up meeting will be documented below or attached to this document.
Signature of Student Teacher*  Signature of Clinical Supervisor

Signature of University Supervisor  Signature of Clinical Associate**

Signature of Principal  Signature of Director of Field Experiences

Signature of Program Director  Signature of Department Chair

Signature of Other Attendee  Date of Meeting

*Student Teacher’s signature indicates that the information in this form has been shared in a conference setting. The student teacher may choose to share additional information. If so, this information should be provided on a separate sheet of paper and made available to the University Supervisor within three days of the conference conclusion.

**Signature indicates that the principal and clinical associate were either present at the meeting or were informed by way of this Agreement.

Follow-up meeting notes: (Attach notes from the follow-up meeting to Probationary Status Agreement, all participants must initial and date the notes.)